

COPY



OFFICE OF HOMELAND SECURITY

February 4, 2008

Cindy Magnante
Police Administrator
City of Burbank
200 N. Third Street
Burbank, CA 91502

Monitoring Report #M08-011

Dear Ms. Magnante

On February 1, 2008, the Office of Homeland Security (OHS), Monitoring and Audits Unit, Program Monitor, James Lewis conducted a desk monitoring review for the purpose of monitoring the City of Burbank Critical Infrastructure Protection OHS Grant Program. I wish to thank you and your staff for the courtesy extended to Mr. Lewis during the review process. Enclosed, you will find the monitoring report for the following grants:

| GRANT | PROGRAM NAME | PERIOD MONITORED |
|----------------------|--|---------------------|
| 2003-0035 #037-08954 | FY03 Part II Critical Infrastructural Protection (CIP) | 03/17/03 - 04/16/03 |

The monitoring included a review of staffing needs, operational practices, source documentation, activities, and data reporting requirements. In addition, the monitor examined the grant for compliance with federal financial, administrative and auditing requirements, program guidelines, and other mandates as applicable. Finally, the monitor performed a selected review of accounting records that support the amounts claimed in your reimbursement requests. Project expenditures were validated to provide reasonable assurance that expenses are related to the grant, proper records are maintained, and expenditures are properly authorized and recorded.

As a reminder, the purpose of monitoring is to assist projects in the achievement of their goals and aiding them in administering their grant funds in the most effective and efficient manner. The monitoring is used as a tool to assist the subgrantee in complying with these requirements. Your OHS Program Representative will receive a copy of the monitoring report. Their name and phone number are identified on the face sheet of the report.

If the monitoring report does not identify any findings, a Corrective Action Plan is not necessary and the monitoring process is complete. **If any findings are identified in the monitoring report, you will have 120 days from the last day of the monitoring review to submit a Correction Action Plan to the Program Monitor.**

The corrective action process provides two options:

Option One – The subgrantee self certifies by the submission of an Action Plan that details the corrective steps implemented, and that any finding(s) noted in the monitoring report are resolved.

Option Two – Submission of an outlined Corrective Action Plan that addresses the findings noted in this report to be reviewed and approved by OHS program staff (i.e. technical assistance).

When corresponding to our office regarding this monitoring report, please include the monitoring control number on all correspondence. Send your response to:

Governor's Office of Homeland Security
Grants Administrative Section
Monitoring & Audits Unit
State Capitol
Sacramento, California 95814

Thank you for your participation in the monitoring process. If you have any questions regarding this letter or the attached report, please feel free to contact me at (916) 323-7611.

Sincerely,


Stacy Mason-Vegna
Program Manager
Grants Monitoring & Audits Unit

Attachment

cc: Dino Balos, City of Burbank
Leo LaMattina, OHS Program Representative
Monitoring & Audits Unit, chron file
Grants Management Unit, grant file

Monitoring Report Response Form

TO: Governor's Office of Homeland Security Grant Numbers: 2003-0035
Grants Management Section
Monitoring & Audits Unit Monitoring Control #M08-011
State Capitol Number:
Sacramento, CA 95814

Attention: Stacy Mason-Vegna Response Due: May 31, 2008
Program Manager

FROM: Subgrantee: _____

Option One

☐

I have reviewed the above referenced monitoring report and have submitted for your records a copy of the subgrantee's Action Plan detailing the corrective steps that have been implemented, and self certify that the findings noted in the monitoring report have been corrected.

Option Two

☐

I have reviewed the above referenced monitoring report and have submitted for your review and approval, an outlined Corrective Action Plan that addresses the findings noted in this report to be reviewed and approved by OHS program staff.

| | | |
|-------------------------------|----------------|---------------------------|
| _____ Authorized Signature | _____ Title | _____ Date |
| _____ Typed Name | _____ Title | _____ Telephone Number |



**CALIFORNIA GOVERNOR'S
OFFICE OF HOMELAND SECURITY
MONITORING NARRATIVE REPORT**

| GRANT/FIPS NUMBER | PROGRAM NAME | PERIOD MONITORED | MONITORED AMOUNT |
|----------------------|---|----------------------|------------------|
| 2003-0035 #037-08954 | FY03 Part II Critical Infrastructure Protection (CIP) | 03/17/03 to 04/16/03 | \$43,744 |

| | | | |
|--|----------------------------|----------------------------|--|
| City of Burbank Police Department | | | |
| AUTHORIZED AGENT: | Cindy Magnante | ADDRESS: | 200 N. Third Street Burbank, CA 91502 |
| CONTACT EMAIL: | cmagnante@ci.burbank.ca.us | | |
| CONTACT PHONE NUMBER: | (818) 238-3221 | | |
| ALTERNATE POINT of CONTACT: | Dino Balos | | |
| CONTACT EMAIL: | DBalos@ci.burbank.ca.us | | |
| PROGRAM REPRESENTATIVE: | Leo LaMattina | E-mail: | Leo.LaMattina@ohs.ca.gov |
| PHONE NUMBER: | (916) 324-6347 | | |
| PROGRAM MONITOR: | James Lewis | E-mail: | James.Lewis@ohs.ca.gov |
| PHONE NUMBER: | (916) 322-2335 | DATE OF MONITORING: | February 1, 2008 |

PERSONS INTERVIEWED DURING MONITORING VISIT

| NAME | TITLE | AGENCY |
|---------------------------------|----------------------------|------------------------------|
| Cindy Magnante (phone & e-mail) | Police Administrator | City of Burbank Police Dept. |
| Dino Balos (e-mail) | Asst. Police Administrator | City of Burbank Police Dept. |
| Trisha Welsh (phone) | Payroll | City of Burbank Police Dept. |
| | | |
| | | |
| | | |

Prepared by:

James Lewis, Program Monitor, OHS Administration Division, Monitoring & Audits Unit

Date

2/1/2008

Approved by:

Stacy Mason-Vegna, Program Manager, OHS Administration Division, Monitoring & Audits Unit

Date

2/4/08

City of Burbank Police Department

Monitoring Report

| Monitoring Report Summary | Total # of Items in Category | In Compliance | Not in Compliance | Not Monitored | Not Applicable | Total |
|---|---------------------------------|---------------|----------------------|---------------|-------------------|-----------|
| A. Administrative Review | | | | | | |
| Review of Audit Reports | 2 | | | | 2 | 2 |
| Grant Assurances | 1 | 1 | | | | 1 |
| Grant Approval Notification | 2 | 2 | | | | 2 |
| Performance Reports | 1 | | | | 1 | 1 |
| Homeland Security Strategies | 1 | | | | 1 | 1 |
| Publication of Published Materials | 1 | | | | 1 | 1 |
| B. Programmatic Review | | | | | | |
| Program Goals and Objectives | 2 | 2 | | | | 2 |
| Exercise | 2 | | | | 2 | 2 |
| Training | 1 | | | | 1 | 1 |
| Planning | 1 | | | | 1 | 1 |
| C. Financial Management | | | | | | |
| Accounting System | 8 | 8 | | | | 8 |
| Distribution of Funds | 1 | | | | 1 | 1 |
| Advance of Funds | 2 | | | | 2 | 2 |
| Change Requests/Modifications | 2 | | | | 2 | 2 |
| Maintenance of Records | 1 | | | | 1 | 1 |
| D. Fiscal: Personnel Services | | | | | | |
| Management and Administrative Services | 3 | 2 | | | 1 | 3 |
| Overtime/Back Fill | 3 | 2 | 1 | | | 3 |
| E. Fiscal: Procurement | | | | | | |
| Responsibility | 1 | | | | 1 | 1 |
| Methods of Procurement | 4 | | | | 4 | 4 |
| F. Fiscal: Equipment & Property Management | | | | | | |
| Equipment Purchases | 3 | | | | 3 | 3 |
| Property Management & Records Keeping | 2 | | | | 2 | 2 |
| G. Subgrantee Monitoring & Oversight | | | | | | |
| Subrecipient single audit requirements | 1 | | | | 1 | 1 |
| Management and Administrative Responsibility | 1 | | | | 1 | 1 |
| Overtime/Backfill/CTO Responsibility | 1 | | | | 1 | 1 |
| Procurement Responsibility | 1 | | | | 1 | 1 |
| Equipment & Property Management Responsibility | 1 | | | | 1 | 1 |
| Total | 49 | 17 | 1 | 0 | 31 | 49 |

City of Burbank Police Department Monitoring Report

PROGRAM SUMMARY

Corrective Action Plan: Required.

MONITORING REPORT DETAIL

A. Administrative Review: Subgrantee in compliance (8 items); Not applicable for Subgrantee (5 items).

1. **Review of Audit Report:** Not applicable for Subgrantee (2 items).
2. **Grant Assurances:** Subgrantee in compliance (1 item).
3. **Grant Approval Notification:** Subgrantee in compliance (2 items).
4. **Performance Reports:** Not applicable for Subgrantee (1 item).
5. **Homeland Security Strategies:** Not applicable for Subgrantee (1 item).
6. **Publication of Materials:** Not applicable for Subgrantee (1 item).

B. Programmatic Review: Subgrantee in compliance (2 items); Not applicable for Subgrantee (4 items).

1. **Program Goals & Objectives:** Subgrantee in compliance (2 items).
2. **Exercise:** Not applicable for Subgrantee (2 items)
3. **Training:** Not applicable for Subgrantee (1 item).
4. **Planning:** Not applicable for Subgrantee (1 item).

C. Financial Management: Subgrantee in compliance (8 items); Not applicable for Subgrantee (6 items).

1. **Accounting System:** Subgrantee in compliance (8 items).
2. **Distribution of Funds:** Not applicable for Subgrantee (1 item).
3. **Advance of Funds:** Not applicable for Subgrantee (2 items).

City of Burbank Police Department Monitoring Report

- C. 4. **Change Request/Modifications:** Not applicable for Subgrantee (2 items).
5. **Records Maintenance:** Not applicable for Subgrantee (1 item).
- D. **Fiscal: Personnel Services:** Subgrantee in compliance (5 items); Not applicable for Subgrantee (1 item).
1. **Critical Infrastructure Protection:** Subgrantee in compliance (2 items); Not applicable for Subgrantee (1 item).
- a. Allocation: Subgrantee in compliance (1 item).
- b. Allowable Costs/Activities: Not applicable for Subgrantee (1 item).
- c. Functional Timesheets: Subgrantee in compliance (1 item).
2. **Overtime/Backfill and/or CTO:** Subgrantee in compliance (2 items); Subgrantee not in compliance (1 item).
- a. Prior Approval: Subgrantee in compliance (1 item).
- b. Records and/or Supporting Documentation: Subgrantee in compliance (1 item).
- c. Allowable Costs/Activities: Subgrantee not in compliance (1 item).

Requirement: The DOJ Financial Guide, Part III, Chpt. 7, page 68 states, "Overtime and night differential payments are allowed only to the extent that payment for such services is in accordance with the policies of the State or units of local government and has the approval of the State or the awarding agency, whichever is applicable." Those costs allowed for overtime benefits include the Federal Insurance Contributions Act Tax (FICA), State Disability Insurance (SDI), and Workers Compensation.

Finding #1: The subgrantee's payroll department informed the Program Monitor that the overtime benefits included only Medicare costs, which are not allowable in the CIP grants.

Action Required: The subgrantee is only allowed reimbursement of overtime benefits for FICA, SDI and Workers Compensation. The subgrantee must ensure that in the future all the data required for overtime benefits will be provided and only for those allowable and applicable benefits.

City of Burbank Police Department Monitoring Report

- E. **Fiscal: Procurement:** Not applicable for Subgrantee (5 items).
- F. **Fiscal: Equipment & Property Management:** Not applicable for Subgrantee (5 items).
- G. **Subgrantee Monitoring & Oversight:** Not applicable for Subgrantee (5 items).



COPY

OFFICE OF HOMELAND SECURITY

March 13, 2008

Cindy Magnante
Police Administrator
City of Burbank
200 N. Third Street
Burbank, CA 91502

Monitoring Report #M08-011

Subject: Corrective Action Plan for Monitoring Narrative Report #M08-011

Dear Ms. Magnante:

As you are aware, the Office of Homeland Security (OHS) is responsible for monitoring subgrantees to ensure that all administrative, programmatic and financial responsibilities are fulfilled and in accordance with the individual grant guides and applicable rules and regulations.

We have completed our review of your submitted corrective action plan for fiscal year FY03-0035 Critical Infrastructure Protection grant program and have concluded that you have implemented appropriate corrective action as prescribed in the Monitoring Narrative Report #M08-011. Therefore, no further action is required on your part.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Murphy".

Brendan Murphy, Deputy Director
Division of Administration
Monitoring and Audits Unit

cc: Dino Balos, Senior Accountant, City of Burbank
Leo LaMattina, OHS Program Representative
Monitoring and Audits Unit, Chron File
Grants Management Unit, Chron File



CITY OF BURBANK
200 NORTH THIRD STREET, P.O. BOX 6459, BURBANK, CALIFORNIA 91510-6459

February 28, 2008

Governor's Office of Homeland Security
Grants Administrative Section
Monitoring & Audits Unit
State Capitol
Sacramento CA 95814

ATTN: Stacy Mason-Vegna, Program Manager

Per your letter dated February 4, 2008, the monitoring review of the FY 03 Part II Critical Infrastructural Protection Grant (#2003-0035) has determined that the City of Burbank is not in compliance in the Fiscal: Personnel Services, Overtime/Back Fill category. Finding #1 states that the City included only Medicare costs in the report, which are not allowable in the CIP grants.

It is now understood that the City (subgrantee) is only allowed reimbursement of overtime benefits for FICA, SDI, and Workers Compensation. In the future, all the data required for overtime benefits will be provided only for those allowable and applicable benefits.

If you have any questions, feel free to call me at (818) 238-3221.

A handwritten signature in blue ink that reads "Cindy Magnante".

Cindy Magnante
Police Administrator

- c. Dino Balos, Senior Accountant
Maricela Vega, Principal Clerk



Monitoring Report Response Form

TO: Governor's Office of Homeland Security Grant Numbers: 2003-0035
Grants Management Section
Monitoring & Audits Unit Monitoring Control #M08-011
State Capitol Number:
Sacramento, CA 95814

Attention: Stacy Mason-Vegna Response Due: May 31, 2008
Program Manager

FROM: Subgrantee: CITY OF BURBANK POLICE DEPARTMENT

Option One

☐

I have reviewed the above referenced monitoring report and have submitted for your records a copy of the subgrantee's Action Plan detailing the corrective steps that have been implemented, and self certify that the findings noted in the monitoring report have been corrected.

Option Two

☒

I have reviewed the above referenced monitoring report and have submitted for your review and approval, an outlined Corrective Action Plan that addresses the findings noted in this report to be reviewed and approved by OHS program staff.

Cindy Magnante
Authorized Signature

CINDY MAGNANTE

Typed Name

Police Administrator
Title

POLICE ADMINISTRATOR

Title

3/28/08
Date

818-238-3221

Telephone Number